### CHICAGO CHAPLAIN DIVISION

**ChicagoChaplainDivision@Gmail.com**

#### (312) 392-1707

###### CREDENTIAL APPLICATION (Page 1 of 4)

Your Chaplain Application packet must include all REQUIRED documentation listed on this checklist.

Incomplete application packets will be returned.

Keep a copy of ALL pages of your application for your files.

***CHECKLIST***

* C**heck** off the document list below as you prepare your application packet.
1. Application Checklist **(RETURN THIS SHEET WITH YOUR APPLICATION)**
2. Copy of valid driver’s license
3. Credential Application Forms (3 pages) with Payment (One Time $250 Application fee ***and*** $250 Annual Dues - $500 Total)
4. Up-to-Date Resume including list of Community Service experiences
5. Pastor or Overseer Recommendation Form
6. Recommendation letters from two (2) business people
7. Copy of Ministerial and/or Ordination License (if applicant is credentialed by another organization)
8. A.P.I.A. Background Investigation (NOTE: You must apply for a background investigation report directly from

A.P.I.A. using the authorization form in this packet. Include a copy of your A.P.I.A. report with your credential packet.)

1. Copy of CCD Chaplaincy Course “Certificate of Completion”
2. (Optional) Recommendation letter from a CCD Chaplain. (if you know one)
3. Passport photo (NOT required if photo was taken in class)

**C.C.D. STATEMENT OF SERVICE**

Initial

The Chicago Chaplain Division of Chaplains is a Christian Chaplain Ministry that provides practical community support and spiritual counsel to emergency service workers, those in crisis, secular society and those persons in transition by meeting their needs. *Regardless of age, race, creed, color, sex, national origin, religion, sexual orientation, gender identity, disability, marital status or socio economic status.* Trained and licensed chaplains provide counsel, education, advocacy, life improvement skills and recovery training, providing a bridge between the secular and spiritual environments of community life throughout the world.

*Please assemble your application packet documents in the order listed above.*

**Allow 8 weeks for processing & receipt of Credential packet**

1-2019.02.08

### CHICAGO CHAPLAIN DIVISION

**chicagochaplaindivision@gmail.com** **312-392-1707**

###### CREDENTIAL APPLICATION (Page 2 of 4)

**PERSONAL DATA**

NAME:

Last First Middle Initial

ADDRESS:

Street City State Zip Code

TELEPHONE: / EMAIL:

Primary Secondary

SOCIAL SECURITY NO.: (last 5 #’s only) DATE OF BIRTH

**PAYMENT INFORMATON**

C.C.D., CHAPLAIN TRAINING CLASS ATTENDED

Date Location

**One Time Application Fee:** $250.00, PLUS **Annual Dues Amount:** $250.00 per Year = **Total** $500.00 due:

**Payment Method:** (Please do not send cash)

 Visa

MC

Discover

AMEX

Check or Money Order#

/

/

/

/

Card Number Expiration Date CVV#

 \_

Signature Print Name on Card

(To avoid a lapse in your credentials, **your annual renewal ($250) *MUST* be received before expiration date on C.C.D. ID Card)**

**STATEMENT OF FAITH, STANDARD OF CONDUCT AND ETHICS**

I have read & agree with the C.C.D Statement of Faith, Standard of Conduct and Ethics.

(Contact office staff if you do not have a copy of the Statement of Faith, Standard of Conduct and Ethics)

Signature Print Name Date

##### CONTACT INFORMATION

I acknowledge that my contact information (name, address, phone number, email address) will be shared with C.C.D. staff and C.C.D. Corps leadership. This information is NOT shared outside of

*C.C.D. without your written permission.*

Initial

2-2019.02.08

## CHICAGO CHAPLAIN DIVISION

### chicagochaplaindivision@gmail.com

**312-392-1707**

###### CREDENTIAL APPLICATION (Page 3 of 4)

|  |  |  |
| --- | --- | --- |
| **COMMUNITY SERVICE HISTORY**POSITION | DATES | RESPONSIBILITIES |
|  \_ \_ \_ \_ |  \_ . | \_ \_ \_ \_\_\_\_ |
|  \_ \_ \_ \_ |  \_ . | \_ \_ \_ \_\_\_\_ |
|  \_ \_ \_ \_ |  \_ . | \_ \_ \_ \_\_\_\_ |
|  \_ \_ \_ \_ |  \_ . | \_ \_ \_ \_\_\_\_ |
|  \_ \_ \_ \_ |  \_ . | \_ \_ \_ \_\_\_\_ |
|  \_ \_ \_ \_ |  \_ . | \_ \_ \_ \_\_\_\_ |

**REFERENCES -**List names of attached references with telephone numbers (references and pastor may be called by I.F.O.C. Staff)

**MINISTRY DATA**

Name of Church

 / / / / /

Address City State Zip Telephone Email

***MINISTERIAL RANK*** *(Please submit copy of certificate)*

Licensed: Yes □ No □ Number Ordained: Yes □ No □ Number

Duration: To Duration: To

From From

**MINISTRY HISTORY**

POSTION DATES RESPONSIBILITIES

3-2019.02.00

## CHICAGO CHAPLAIN DIVISION

### chicagochaplaindivision@gmail.com

**312-392-1707**

###### CREDENTIAL APPLICATION FORM (Page 4 of 4)

**EDUCATION**

NAME OF INSTITUTION TYPE DEGREE GRADUATION

High School Date

Advanced Education (1)

Advanced Education (2)

Advanced Education (3)

Advanced Education (4)

**EMPLOYMENT INFORMATION (Last 5 Years)**

NAME OF EMPLOYER TYPE OR WORK DURATION

**FAMILY DATA – FOR EMERGENCY USE ONLY**

MARITAL STATUS: M

S D

SPOUSE COMPLETE NAME

Parents or current person who will always know of your whereabouts (other than spouse)

Name Relationship Phone

Address

City

State

Zip

**MILITARY DATA**

 / / / /

Branch Duty Title Dates Highest Type of Discharge

##### CRIMINAL HISTORY – CONVICTIONS & PENDING CONVICTIONS

IF NONE, STATE NONE. IF YES, PLEASE EXPLAIN:

**NOTE: Application must include a copy of a recent (last 12 months) A.P.I.A. Background Investigation**

4-2019.02.007



Applicant Instructions:

**CHICAGO CHAPLAIN DIVISION**

**chicagochaplaindivision@gmail.com**

**312-392-1707**

**PASTOR RECOMMENDATION FORM**

MUST BE COMPLETED BY Senior Pastor, Associate Pastor or Ministerial Staff & submitted with application.

**Pastor Instructions:** Return form to applicant (do not send to C.C.D.).

Chaplain Applicant Name Pastor Name (print) Pastor Name (signature and phone #) Church Name/phone # Please indicate the words most closely describing the applicant.

 Member in good standing  Not a member  Attends regularly  Does not attend regularly

* + - Highly dedicated  Dedicated  Low dedication  Cooperative  Uncooperative  Divisive Does the Applicant serve a function on your church staff?  Yes  No If yes, indicate position & how long.

How do you see the applicant as a spiritual person?

Understanding that Chaplaincy is a Samaritan ministry done outside the church body, provide an example of the applicant faithfully performing such ministry, or where they are qualified.  Active in Samaritan ministry

Do you see the applicant aspiring as a Chaplain?  Yes  No What area do you see the applicant excelling in?

What indication have you noticed that would qualify the applicant to perform as a Chaplain?

Do you recommend the applicant for a Chaplaincy License with The International Fellowship of Chaplains.

 Yes  No If No, Please explain on the reverse side

Thank you Pastor, for taking the time to answer these questions. We pray blessings on you and your congregation.

* I would appreciate a call from C.C.D.

Please return this form to applicant **(do not send directly to C.C.D.).**

C.C.D. Credential Committee

5-2019.02.10

# A.P.I.A.

Arizona Private Investigation Agency, LLC

 1830 E. Broadway #124-409 Tucson, AZ 85719 Phone: (520) 975-4174 Email: Bart@azpiagency.com AZDPS License # 1001946

APIA is proud to provide comprehensive Background Investigations for the Chicago Chaplain Division of Chaplains at the rate of $50.00 per background investigation.

Specific information is required prior to conducting the background investigation and all requests must comply with the Fair Credit Reporting Act and other Federal laws and employment regulations governing background investigations. For this reason our “Background Investigation Authorization Form” is required to be submitted before a background investigation can be initiated.

To take advantage of this service, applicant must follow the steps listed below:

1. To mail the form, copy and complete the background investigation form then mail it along with a check, money order or cashier’s check to:

APIA, LLC

1830 E. Broadway #124-409

Tucson, AZ 85719

*It is highly recommended using registered mail for tracking purposes*

1. To email the application and pay online, go to [www.azpiagency.com](http://www.azpiagency.com/)
	1. Click on the Background Investigation tab at the top right of the first page then click on the Background Authorization Form found below the instructions on that page.
	2. Print out the form
	3. Fill out the form and sign at the bottom. All forms must have an original signature or it will be rejected.
	4. Scan the form and email it to Bart@azpiagency.com OR mail the completed and signed form along with your payment as described above.
	5. Payment in the amount of $50.00 USD is required to process the Background Investigation request. Payment may be made by credit card or debit card using the PayPal button found on the website page.
	6. When the background investigation has been completed, a copy will be emailed to the applicant. APIA will mail a copy of the investigation to the applicant using Registered Mail, Return Receipt Requested for an additional fee of $15.00 to cover the cost of the postage.

6-2019.02.08

# A.P.I.A.

#### (Do not send to C.C.D.) Mail or email to:

Arizona Private Investigation Agency, LLC AZ DPS License # 1001946

1830 E. Broadway #124-409 Tucson, AZ 85719 Phone: (520) 975-4174 Email: Bart@azpiagency.com

CONFIDENTIAL

#### Background Investigation Authorization Form

Print Name: (First) (Middle) (Last)

Former Name(s) and Dates Used:

Current Address Since (Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: (Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: (Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: DOB:

Telephone Number: Cell Phone: Other:

Driver’s License Number State Email:

By signing below I hereby certify the information contained in this application is true and accurate to the best of my knowledge.

**I hereby authorize the Arizona Private Investigation Agency, LLC (APIA)** its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; civil and criminal history records from any criminal justice agency in any or all federal, state, county, and municipal and Township Jurisdictions; driving records, birth records, and any other public records deemed necessary to the investigative process.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to the Arizona Private Investigation Agency, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. The Arizona Private Investigation Agency, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

I understand and agree that the Arizona Private Investigation Agency, LLC is not responsible for information reported by the Data Collection Agencies, Federal, State, County and Municipal Courts and other sources of information collected while conducting the Background Investigation.

Signature: Date:

7-2019.02.20